

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/09/2012
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155277 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 11/07/2012 | |
| NAME OF PROVIDER OR SUPPLIER WHISPERING PINES HEALTH CARE CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3301 N CALUMET AVE VALPARAISO, IN 46383 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the PSR completed on 9/18/12 to the Investigation of Complaint IN00111937 completed on 8/2/12.</p> <p>This visit was in conjunction with the Post Survey Revisit (PSR) to the Investigation of Complaint IN00115762 completed on 9/18/12.</p> <p>Complaint IN00111937 - Corrected.</p> <p>Survey date: November 7, 2012</p> <p>Facility number: 000176 Provider number: 155277 AIM number: 100288940</p> <p>Survey team: Janet Adams, RN, TC Kathleen Vargas, RN</p> <p>Census bed type: SNF: 5 SNF/NF: 114 NCC: 1 Total: 120</p> <p>Census payor type: Medicare: 16 Medicaid: 78 Other: 26 Total: 120</p> <p>Sample: 3</p> <p>Whispering Pines Health Care Center was found to be in compliance with 42 CFR part 483,</p> | | | {F 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {F 000} | Continued From page 1 Subpart B and 410 IAC 16.2 in regard to the Post Survey Revisit (PSR) to the PSR to the Investigation of Complaint IN00111937. Quality review 11/08/12 by Suzanne Williams, RN | | | {F 000} | | | |